

**GROUP HOME PROGRAM RATE APPLICATION (SR 1)****SUBMIT ONE FOR EACH PROGRAM (PRINT OR TYPE)**

TYPE OF APPLICATION: (Check one only)		<input type="checkbox"/> NEW PROGRAM
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> NEW PROVIDER	<input type="checkbox"/> PROGRAM CHANGE
PROPOSED EFFECTIVE DATE:		<input type="checkbox"/> LIC. CAP. CHANGE
MO	YR	<input type="checkbox"/> RELOCATION
		<input type="checkbox"/> REINSTATE

(1) PROVIDER/LICENSEE NAME			
(2) PROGRAM NAME, IF ANY		(3) PROGRAM NUMBER	
(4) MAILING ADDRESS - NUMBER, STREET			
(5) CITY	(6) STATE	(7) ZIP CODE	
(8) EXECUTIVE DIRECTOR NAME	(9) PHONE		
(10) CCL APPROVED ADMINISTRATOR NAME	(11) PHONE		
(12) CONTACT PERSON FOR THIS RATE APPLICATION, IF OTHER THAN ABOVE	(13) PHONE		
(14) THE AGENCY IS A NON-PROFIT ORGANIZATION		NO <input type="checkbox"/> YES <input type="checkbox"/>	
(15) DOES THIS AGENCY OPERATE ANY OTHER BUSINESS?		NO <input type="checkbox"/> YES <input type="checkbox"/>	
(16) IF YES, SPECIFY TYPE OF BUSINESS:			
(17) Does this agency operate more than one group home program?			
NO <input type="checkbox"/> YES <input type="checkbox"/>			
(18) If Yes, number of other programs			
NOTE: A separate application must be completed for each program.			
(19) Total licensed capacity of facility(ies) used by this program . (List facility(ies) on Page 2 of SR 1.)			

**CERTIFICATIONS:**

I certify that all information contained in the program statement previously submitted remains the same. YES ☐ NO ☐

If no, attach a new program statement. (LIC 9106)

I understand that the information contained in this document is correct to the best of my knowledge and that submission of false or misleading information may be prosecuted as a crime.

(20) SIGNATURE OF EXECUTIVE DIRECTOR OR AUTHORIZED BOARD OFFICER:	(21) TITLE
(22) COUNTY AND STATE WHERE SIGNED:	(23) DATE

DSS USE ONLY						
PROGRAM IDENTIFIER	POSTMARK DATE	DATE RECEIVED	DATE ASSIGNED	COUNTY	CCL DIST.	ANALYST
RATE TYPE	NO. OF GH PROGRAMS					
DISPOSITION:						
Present RCL	Rate per month \$	Effective Date	Notification Date			
Projected RCL	Rate per month \$	Effective Date	Notification Date			
CLAIMING RATIOS:		FED Eligible	NON-FED Eligible			
ANALYST		SUPERVISOR		KDE DATE		

PROGRAM NUMBER	PROPOSED EFFECTIVE DATE
<div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around;"> <div>MO</div> <div>YR</div> </div>

24. Data for each facility location for this group home program. Attach additional pages if needed.

[illegible]

LIST PLACEMENT AGENCIES USING THIS PROGRAM. LIST PRIMARY USER FIRST AND OTHER IN DESCENDING ORDER OF USAGE.


## DSS USE

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## GROUP HOME PROGRAM RATE APPLICATION (SR 1)

### Purpose:

The Group Home Program Rate Application (SR 1) serves two purposes: 1) to gather general identifying information about the provider; and 2) to obtain certification as to the accuracy of the rate application request.

### Instructions for Completion:

Each provider shall complete a separate application for each program when submitting a rate application.

### Data Section:

TYPE OF APPLICATION: Check appropriate box identifying type of application. If annual box is checked, enter calendar year that corresponds to the attached Program Classification and Cost Data forms.

PROPOSED EFFECTIVE DATE: Using two digits each for month and year, enter the first month the rate should be in effect, e.g., 12/98 for December 1998 for a "New Provider" or "program" change that anticipates beginning operation (e.g., new placement) in December.

- Line 1 Licensee/Corporate Name: Enter the licensee/corporate name shown on the group home license. If the provider has licenses with different names, use the organization or corporate name.
- Line 2 Program Name: Enter program name, if any.
- Line 3 Program Number: Enter 8 digit number previously assigned by DSS. For a new provider application: leave blank.
- Line 4 Mailing Address: Enter the number and street (or post office box).
- Line 5 City: Enter name of the City.
- Line 6 State: Enter the two digit abbreviation for the State.
- Line 7 Zip Code: Enter the zip code.
- Line 8 Executive Director Name: Enter the name of the Executive Director or authorized Board Officer of the organization.
- Line 9 Telephone Number: Enter the telephone number of the Executive Director or authorized Board Officer of the organization.
- Line 10 CCL Approved Administrator Name: Enter name of current administrator who has been approved by CCL.
- Line 11 Telephone Number: Enter the telephone number of the administrator.
- Line 12 Contact Person: Enter the name of the person who prepared the rate application and to whom questions concerning the application should be addressed.
- Line 13 Telephone Number: Enter the telephone number of the contact person.
- Line 14 Section 11400(h) of Welfare and Institutions Code defines "Group Home" as a nondetention privately operated residential home organized on a nonprofit basis only.
- Line 15 Agency Activities: Check the appropriate box in response to the question. "Does this agency operate any other businesses?" Examples of other businesses are: daycare, on-site school, adult care, Foster Family Agency, Thrift Shop.
- Line 16 If yes, specify type of activities.
- Line 17 Check the appropriate box in response to the question, "Does this agency operate more than one group home program?"
- Line 18 If yes, enter number of other programs.
- Line 19 Enter total licensed capacity of facilities used by this program.

### CERTIFICATION SECTION:

After the Group Home Program Rate Application (SR 1) is prepared, the executive director or authorized officer must sign the application.

- Line 20 Signature: Enter signature of Executive Director or authorized officer.
- Line 21 Title: Enter title of person who signed #20.
- Line 22 County and State: Enter County and State where application signed.
- Line 23 Date: Enter date application signed.

**FACILITY LOCATION SECTION:**

PROGRAM NUMBER: Enter program number from line 3 of page 1.

PROPOSED EFFECTIVE DATE: Enter proposed effective date from page 1.

Line 24 Facility Location Data: Enter data for each facility location for this group home program. Include the following: 1) the license number assigned by Community Care Licensing; 2) number and street or post office box; 3) City name; 4) zip code; and 5) licensed capacity.

List up to five county placement agencies using this program. List primary user first and others in descending order of usage.